Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective | Octob | er 1, | 2003 |
|-----------|-------|-------|------|
|           | ,     |       |      |
| <br>      |       |       |      |

| Effective October 1, 2003 /0698763  |   |   |                     |                               |                                       |                                       |           |   |                        |           |                     |                        |  |  |
|---|---|---|---------------------|-------------------------------|---------------------------------------|---------------------------------------|-----------|---|------------------------|-----------|---------------------|------------------------|--|--|
|   | CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY |   |                     |                               |                                       |                                       |           |   |                        |           |                     |                        |  |  |
| TOTAL CLAIMS 27   |   |   |                     |                               | -                                     | RATE                                  | FEE       |   | RATE                   | FEE       |                     |                        |  |  |
| FO  | R   | NUMBER I                                    | NUMBER FILED NUMBER |                               | ER EXTRA                              |                                       | BASIC FEE | 385.00                                  | OR                     | BASIC FEE | 770.00              |                        |  |  |
| то  | TAL CHARGEA   | 27min                                       | 2 7minus 20= *      |                               | 7                                     |                                       | X\$ 9=    |   | OR                     | X\$18=    | 126                 |                        |  |  |
| IND   | INDEPENDENT CLAIMS  |   |                     | <i>U</i> minus 3 =  * /       |                                       | , m - 1 ,                             |           | X43=                                    |                        | OR        | X86=                | 86                     |  |  |
| MU  | MULTIPLE DEPENDENT CLAIM PRESENT  |   |                     |                               |                                       | ٠.                                    | +145=     |   | OR                     | +290=     |                     |                        |  |  |
| * If  | * If the difference in column 1 is less than zero, enter "0" in column 2                    |   |                     |                               |                                       |                                       |           | TOTAL                                   |                        | OR        | TOTAL               | 982                    |  |  |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                               |   |                     |                               |                                       |                                       |           | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |           |                     |                        |  |  |
| AMENDMENT A   |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY                   | PRESENT<br>EXTRA                      |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| NDW   | Total   | *   | Minus               | **                            | 1                                     | =                                     |           | X\$ 9=                                  |                        | OR        | X\$18=              |                        |  |  |
| WE  | Independent   | *   | Minus               | ***                           |                                       | <u> -</u>                             |           | X43=                                    |                        | OR        | X86=                |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                     |                               |                                       |                                       |           | +145=                                   |                        | OR        | +290=               |                        |  |  |
|   | 8,15,21   |   |                     |                               |                                       |                                       | TOTAL     |   |                        | TOTAL     |                     |                        |  |  |
|   | (Column 1) (Column 2) (Column 3)  |   |                     |                               |                                       |                                       |           | ADDIT. FEEON ADDIT. FEE                 |                        |           |                     |                        |  |  |
| <u></u>   |   | (Column 1) CLAIMS REMAINING                 |                     | HIGH<br>NUM<br>PREVIO         | IEST<br>BER                           | PRESENT EXTRA                         |           | RATE                                    | ADDI-<br>TIONAL        |           | RATE                | ADDI-<br>TIONAL        |  |  |
| EN  |   | AFTER<br>AMENDMENT                          |                     | PAID                          |                                       | EXTRA                                 |           |   | FEE                    | , ,       |                     | FEE_                   |  |  |
|   | Total   | *   | Minus               | **                            |                                       | =^                                    |           | X\$ 9=                                  |                        | OR        | X\$18=              |                        |  |  |
| AMENDMENT   | Independent   | *   | Minus               | ***                           | CLAINA                                | =                                     |           | X43=                                    | 1                      | OR        | X86=                |                        |  |  |
|   | FIRST PRESE   | NTATION OF MU                               | JETIPLE DEF         | ENDENT                        | CLAIM                                 |                                       |           | +145=                                   |                        | OR        | +290=               |                        |  |  |
|   |   | s en en seu de les                          | 26.600              | 14,                           | w = ·,                                | e e e e e e e e e e e e e e e e e e e |           | TOTAL<br>ADDIT. FEE                     |                        | OR        | TOTAL<br>ADDIT. FEE | a salar as as a        |  |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                     |                               |                                       |                                       | _         |   |                        |           |                     |                        |  |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                          | PRESENT<br>EXTRA                      |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| NON   | Total   | *   | Minus               | **                            | , , , , , , , , , , , , , , , , , , , | =                                     |           | X\$ 9=                                  |                        | OR        | X\$18=              |                        |  |  |
| AME   | Independent   | *   | Minus               | ***                           | COL 4184                              | ]=                                    |           | X43=                                    |                        | OR        | X86=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +145=  OR +290=                       |   |   |                     |                               |                                       |                                       |           |   |                        |           |                     |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                     |                               |                                       |                                       |           |   |                        |           |                     |                        |  |  |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.